

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM FTD-476)						SERIAL NO. 04/645554		FILING DATE	
						APPLICATION			
10-16-04						CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		1	2	3
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1								
2									
3	1								
4									
5		3							
6		3							
7		3							
8		3							
9		3							
10	1								
11		1							
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T. TAL	5		1		1				
IND.	3		1		1				
DEP.	2		0		0				
TOTAL	37		4		3				
CLAIMS									

BEST AVAILABLE COPY

FTD-1000 (3-76)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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